

Medical Facilities Licensing | Licensing Division P.O. Box 30205, Lansing, MI 48909 Telephone: 517- 284-8599 CRA-Applications@Michigan.gov

ACKNOWLEDGMENT OF ATTESTATIONS

(To be completed and submitted by the applicant)

Do not sign until notary is present

Name of	Sole Proprietor		<u>.</u>
hereby swear, acknowledge, and consent to the following acknowledgment and consent):	g attestations (check all that appl	y to indicate the	applicant's
☐ Attestation A: Acknowledgment, Agreement & Conse ☐ Attestation B: Authorization to Release Information ☐ Attestation C: Verification & Affidavit of Full Disclos ☐ Attestation D: Acknowledgment of Federal Law & Re ☐ Attestation F: Confirmation of Tax Compliance	sure (with contact designated, if app clease of Liability	,	do over out
Further, I affirm, under the penalties of perjury, that the information is true, complete, and correct, and that no material information		and all supporting	g documents
Signature of Sole Proprietor	Date		
Subscribed and sworn to by(Sole Proprietor Name)	before me on	(Date)	·
(Notary Public Signature)	(Notary Public Printed Name)		
State of, County of	Acting in the county of	(County)	,(State)
My commission expires:			

CRA 5404 (Rev Mar-2022) Page 9 of 17